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## ORIGINAL COMMUNICATIONS.

### VALEDICTORY,

Delivered at the Commencement Exercises of California Medical College, April 25, 1883.

BY S. O. CASSITY, M. D.

GENTLEMEN OF THE FACULTY, CLASSMATES, LADIES AND GENTLEMEN:—We stand again at the commencement or graduating exercises of the reputable institution with which many of us have been associated for a greater or less length of time.

We stand now at a point where we may pause and look backward over the way we have pursued before advancing onward to where each will have to pursue his or her way unguided and unsupported by hands which have hitherto held us away from danger.

We have now reached the place where we may take advantage of the knowledge of our predecessors, and if we do not climb higher and look farther into the vast arena of medical science than they, it is our own fault.

Conspicuous among the several divisions of human trials and knowledge is, and always has been, the science of medicine, and especially prominent is the great eclectic movement, of which we are declared representatives.

This great movement is of American origin, and is pregnant with that principle which all Americans hold so dear, that of freedom of thought and speech.

As Eclectics, we claim to choose from all sources that which we may deem true in theory; we also claim and exercise the privilege of rejecting that which we may deem as false.

Now, can we wisely choose or wisely reject without first we understand and know the merits and demerits of the various schools? No.



We should carefully and diligently, not in a fault-finding manner, but seriously and conscientiously, explore the medical literature, as it is the great cistern into which has been poured the accumulated experience and wisdom of the past.

We cannot afford to stand still while others are advancing and striving to reach the topmost round of the ladder of our profession; or, in other words, we cannot afford to be ignorant of what others are doing in pathology, surgery and therapeutics, and only by the association with others and familiarity with their thoughts and experiences, can we avoid falling into the ruts into which the lazy doctor so often falls.

Hence, it is necessary that we study the standard works of all schools as well as those of our own, and not only this, but the leading medical journals, the living exponents of the thought of the day, should command and receive a due amount of our consideration and time.

Judging from the signs of the times, we may safely say that the time of breaking down the spirit of rancor, strife, and intolerance, which has characterized the medical profession for so long, is near at hand.

Differences of opinion among men will no doubt always exist, but as long as these differences are based upon the highest thought and the highest data accessible to the individual, they should receive due consideration and respect.

Kind friends, look about you, and examine closely the individual members of the profession. What do you see? It is this that in all schools alike you find that they who are the most liberal in their views, no difference what school they may profess, are the most successful and eminent.

Successful Allopaths and Homeopaths do not hesitate when necessity demands it to borrow from the Eclectics.

Therefore we also see that the Eclectic practice of medicine has penetrated to a greater or less degree throughout the whole body of medical practitioners; and furthermore, we see that where it is the most broadly used the greater the success and eminence of the physician.

This goes to show that the Eclectics are upon the right track, and that theirs is the coming school; and, kind friends, I may safely and truthfully say, that some of our Allopathic friends are becoming cognizant of the merits of our school.

If not, why are they so anxious to have their sons educated in Eclectic institutions, as many of them are?



It is this, that although they outwardly wage war against us, yet in the most secret recesses of their hearts there is a small voice crying out, That is the school, based as it is upon science and truth, its theory embraced by earnest workers, it only remains for a matter of time to render it the most honored and noted division of the medical science.

The preservation of health, the cure of disease, and the alleviation of pain in the surest and most efficacious way possible is the duty of every physician, and the jealousies and hostilities which may exist between his and the other schools render this duty no less imperative.

He owes his patient this duty, and he has no moral right to withhold from that patient any means known to the profession that will contribute to the fulfillment of this obligation.

The question which often arises in the minds of the people in this enlightened age is, Why are Eclectic practitioners so successful?

Friends, it is for this reason, taking them as a whole, you find them to be a class of men that are energetic and alive to the interest of their school; men who are always searching for something new, retaining that which is good and discarding that which is bad; men who are possessed of inquiring minds, which are not bound down through the instrumentality of blind ethics to the "dogmas of any master."

They recognize truth wherever found, remembering that truth is none the less truth although it be propounded by some noted and established author or derived from the humble wigwam of the Indian.

We also find that they, as a class, depreciate the feeling of strife and bitterness that exists between the different schools of medicine, and will willingly hail with joy the day of reconciliation, and the time when the science of medicine will know no ism or sect.

And now, gentlemen of the faculty, we return our most sincere thanks for the long and weary hours you have spent in our behalf.

You have laid aside all personal considerations and comforts, and have untiringly and zealously entered the field and performed your several duties faithfully and nobly, and, gentlemen, we hope that this time spent will reflect honor and credit upon you and the institution which you represent.



You may ask why we came to you? It was because we thought you to be the best, and we leave you not only with our minds unchanged but strengthened by the knowledge and numerous truths which we have derived from you.

Your system of teaching is excellent, your workings harmonious, and your object universal, that of advancement of the student in the most rapid, yet thorough manner possible, and with these attainments, together with the unflagging zeal and accomplishments you have exercised toward us, what is to hinder you from raising the reputation and success of the institution you represent to an equal height, or above that of any other institution in the land? We answer, nothing; absolutely nothing.

Gentlemen, by your teachings you have laid for us the foundation of knowledge, and it now remains for us to build thereon a structure well worthy of that teaching, and to do this it is only necessary for us to follow the paths you have pointed out to us.

And now as it is time for us to leave your fostering care I can assure you that we do not intend to quit study, but, on the contrary, to increase our efforts in more expansive fields and in a manner that will do credit to your teaching and become an honor to ourselves.

Although our association with you has been but limited, yet by your untiring endeavors and professional acumen you have endeared yourselves to us, and it is with feelings of the deepest regret that we leave you.

From you we have received a knowledge more priceless than precious jewels, and by your toil and earnest endeavors you have made study, which in itself would have been dry and uninteresting, more attractive than the details of a romance.

We again thank you for your paternal care and faithful counsel. You have opened before us those ways of wisdom which are full of pleasantness and peace. You have warned us of the dangers which are liable to beset our path. You have removed obstacles when obstacles impeded our progress. You have corrected us when in error and cheered us when discouraged. You have told us of the bright rewards of knowledge and of the fearful recompense of ignorance; and now, in the name of my companions, I thank you warmly, sincerely thank you for it all.

Our lips cannot express the gratitude that glows within



our hearts, but we will endeavor to testify in the future by dedicating all we are and all we may attain to the promotion of our school and the welfare of medicine in general.

And, gentlemen, it will be with a feeling of pride that we may point to each name that is upon our diplomas, and say to our friends, there is a man of earnest and inquiring mind, a man overflowing with energy and vitality, and a man who dares to speak his mind though the world of practitioners are against him.

To you, fellow-students and undergraduates, we extend our warmest feelings of gratitude for the valuable assistance you have given us. By the many courtesies and kindnesses you have extended to us, you have materially assisted in making the laborious task we have performed appear shorter and easier; and as we leave you, rest assured that it is with the belief that there are as bright students in your midst as ever graced the walls of an institution of this kind. May success ever attend you is the wish of the graduating class.

And now, beloved companions and fellow-graduates, I turn to you. This day marks an important epoch in our lives. We will no longer sit in our seats as students and listen to the instructions of our kind professors, nor will we meet again in some secluded chamber to study for some terrible examination. Other scenes, other society, and other pursuits await us.

Although we have graduated and received our diplomas, classmates, we may say our studies have only begun.

The young graduate, especially those of us who have had no experience, will find immeasurable difficulties to surmount. He leaves college full of theory, with a fine assortment of correct prescriptions. The words of wisdom flow rapidly from his lips as he counsels with his patient, but, alas! he can talk better than he can understand. All his cases will seem to be anomalous ones; he recognizes certain pathognomonic symptoms, but at the same time he finds others which seem to be entirely out of place.

The proper appreciation of symptoms and the art of medical observation has not been acquired, in other words, he has the theory but not the practical experience, and only by the combination of those two principles is a medical education completed.

While in college our studies have been so crowded with subjects new and strange to us, of such varied character



and so numerous that we have had but little time to exercise any faculty save that of memory. When we go out into the world we may expect to meet with competition from all sources, and only by the means of diligence and perseverance, together with a careful mode of practice, gathering up every means that tends to render our equipment for the successful practice of our art complete, can we succeed in surmounting all these difficulties.

Kind companions, we have studied hard day and, I may say, night for these many months, and as a reward we have received our diplomas; but, classmates, these diplomas do not render us full-fledged physicians and surgeons, but only show that we have passed a competent examination, and are now prepared to enter life as a member of that vocation.

The profession that we have chosen is one of the most charitable and noble. Charitable, because we all wish to be true physicians, and to be this it is necessary for us to be possessed of the quality, unselfishness.

Unfortunately, in the medical profession there are two motives which actuate our practice—the one scientific, the other commercial, and as a preponderance of either is a loss, they should be made to coincide.

A physician who is totally engaged in the scientific researches of his profession will have indifferent success as a practitioner. He may gain knowledge, notoriety, and honor, but few dollars; while, on the other hand, no true physician will hesitate at the call of distress owing to some personal consideration of ease or want of remuneration.

Yet we often see, in the early life of the physician, the commercial motive predominating, and I am sorry to say that it not only belittles his professional aims but lowers the standard of his preparatory work.

But the desire of gain, so long as it does not predominate, is a just incentive, for a doctor must live, and the greater the interest he takes in his work the more the likelihood of success.

Therefore, I say, let the motive which actuates us be a thorough and earnest desire to become skillful in our art, and competence in our pockets will soon follow.

Classmates, I now return my most sincere thanks for the honorable position you have given me, that of valedictorian of our class, and am sorry to say that for once you have been made victims of misplaced confidence.



Long and happy have been the hours we have spent in the society of one another as members of this school, but the time has now arrived for us to part, yet parting will only draw closer the ties which have hitherto bound us.

Farewell is always a sad word to speak, therefore I will not dwell upon its sad scenes, but will say, let our parting wish be that we may practice our profession scientifically and legitimately that we may at all times do our duty, and in such a manner that it will reflect credit upon our *Alma Mater* and the graduating class of '83.

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### AMBROSE PARE.

BY H. T. WEBSTER, M. D.

HISTORY bears testimony that many of the noted names in medicine have come up through adverse circumstances from humble positions in life. Great obstacles are only overcome by those of the best metal, and he who rises above these possesses the ability to stand at the head. The discipline of the early part of such a life is a valuable school, by whose wisdom the self-made man is apt to profit in later years.

Too many espouse the calling of medicine in these days, not because they deem themselves especially adapted to the making of it a genuine success, nor from any particular love for scientific research, but because they believe it to offer an avenue for a competence with little outlay of bone and sinew. Such mercenary schemes often fail, though doubtless more succeed than deserve to.

But while with many the acquirement of wealth is the principal incentive to action, with others a love for scientific research and a real pleasure in alleviating human suffering, overshadow all other motives so much that medical men sometimes close lives of great usefulness without the means in hand to support the families they leave behind. Happy were it could good business capacity always be combined with professional merit.

We can hardly believe that Ambrose Pare, the great French surgeon, saw fame and fortune before him, when he began a career which led to such brilliant results, and placed his name at the head of the list of the surgeons of the sixteenth century. At the period of his novitiate, surgery ranked with the calling of the barber, the two occupations being conjointly practiced by the same individual.



The father of Ambrose did not possess the wealth requisite to afford his son a Latin education, an essential perquisite in the estimation of those times for a liberal education. He was apprenticed to a barber at Laval, France, where, in an humble capacity, he learned to love a calling in which he subsequently preeminently excelled. For the tonsorial art he evinced little taste, but surgery became his especial delight. He was soon so infatuated with it, and so dissatisfied with the opportunities for a thorough knowledge of it offered in his position as apprentice, that he ran away from his master and went to Paris, alone and unbefriended, determined to prosecute the study until he had mastered it. Such an undertaking by a mere youth in those times was a mighty one, but it was the outgrowth of a great will which carried him onward to later triumphs. Books were then precious possessions, few, and of such price that not every one could even peruse them, and few teachers were to be found who could be induced to devote valuable time to a youth unknown and friendless. But young Pare pressed sturdily on. By the labor of his hands he sustained himself, and with assiduity availed of every chance to increase his knowledge of anatomy and surgery. By hard labor and stern self-denial he here laid the foundation for a future career of usefulness. In due time he passed examination and was received as Master Barber Surgeon.

The wars in which Francis I. was then involved proved his opportunity. Soon after his admission he joined the French army, then starting for Italy, as surgeon. And now it soon became evident that not a knowledge of the surgery of those times alone rendered his services valuable. Here, indeed, he signally distinguished himself, but his original and comprehensive mind was on the alert to discern new truths and unmask old errors. The old and barbarous method of treating gunshot wounds with boiling oil was discarded, and a more humane and rational plan adopted through his efforts. His individual services soon became in frequent demand. Before the campaign was ended, to use his own words, "If four persons were seriously wounded, I had always to attend three of them, and if it were a case of broken arm, or fractured skull, or fracture with dislocation, I was invariably summoned." His distinguished services were recognized in Paris long before his return there. Upon that event he was received with honor and distinction. The



Royal College of Chirurgery appointed him as one of its members. Afterward he became the President of that institution.

The almost constant warfare of those times afforded ample opportunity for the gratification of his ambition. During his second campaign he introduced the ligature for the arrest of hemorrhage from severed arteries, as a substitute for the use of actual cautery. This had for some time been speculated upon as a possible means of arresting arterial hemorrhage, but the plan waited for the energetic Pare to demonstrate its feasibility. This is one of the methods upon which we still find no improvement, and with it must forever be associated the name of Ambrose Pare as its founder. The influence of a new and valuable method does not usually end with its adoption. The original thought of one great mind serves as a pioneer into a realm in which there are soon more thinkers. One commotion in the pool sends out wavelets in every direction. The originality and genius of Pare left its impress on the medical mind of the centuries which followed.

But the services of this man were not confined to his own countrymen. Through the fortune of war he was taken prisoner by the Spanish hosts of the Duke of Savoy. Here he beguiled the hours of captivity by the practice of his beloved calling. Colonel de Vandeville, one of the Duke's favorite officers, being dangerously ill, Pare so successfully treated him that he was accorded his liberty, first having been pressed to remain in the service of the Duke of Savoy. This honor he declined and returned to Paris, where new titles and honorary degrees were heaped upon him in remuneration for his valued services.

The popularity of the great surgeon soon knew no bounds. Royalty, nobility, and the common classes alike, did him homage. When life hung in the balance his services were regarded as the highest court of appeal. He served as surgeon to four successive monarchs of the French throne. The life of the youthful Charles IX. was at one time greatly endangered by the maltreatment of Portalo, his physician. Pare was called at this juncture and succeeded in restoring him to health. This so endeared him to the King that he became an object of special favor, and this friendship on one occasion was the means of saving him from a violent death, for he being a Protestant was among the doomed at the



massacre of St. Bartholomew. Knowing this, Charles locked him in his own chamber until the storm of fanaticism had swept past. His popularity in the army is attested by the enthusiasm which his presence inspired among the troops on more than one occasion. Journeying to Metz at one time, upon his arrival there, the soldiers of the garrison, of their own accord, gave him a triumphal reception.

Evidently Pare possessed rare powers of discrimination and fertility of thought. His presence of mind in times of emergency may also be remarked. How clearly he describes the details of his own case, at the time his leg was injured! In the act of embarking upon a boat he received a kick from a horse, which fractured both bones of the left leg. He says: "Having received the blow, and dreading lest the horse should repeat it, I made a step backward, but suddenly falling to the ground the broken bones stuck out, piercing the flesh, the stocking, and the boot, from which I felt the most intolerable pain. Very soon I was carried to the boat to be taken to the other side, that I might be dressed. But the jolting thus caused nearly killed me, since the broken ends of the bones tore the flesh, and those who bore me were unable to fix them. On landing I was carried to a house in the village with even greater suffering than I had endured in the boat; for one carried my body, another my leg, and another my foot; and in walking along they did not keep in step. At length, however, I was laid on a bed to take breath, and here while the dressings were in preparation, I found myself in perspiration all over; had I been plunged in water I should not have been more thoroughly wetted."

But while the life of this man was a series of well earned victories, he was not destined to pass through unscathed by the malicious envy of his less fortunate rivals. There was a demand for his writings, and his ignorance of Latin led him to employ his mother tongue in the preparation of his works. For this his maligners censured him, he having as they said, "dishonored science by writing in the mother tongue." Such unjust censure while detracting in nowise from the value of his services, was no doubt, a source of much annoyance to Pare, and embittered the meditations of his closing days.

Innovations upon time-honored customs have always been received by "regular" medicine as a personal insult offered the brethren. Pare was an "irregular." However meri-



torious his contributions to surgery, they could not excuse the departure from the time-trodden path of Latin diction.

The illiberality of those days has been somewhat modified by the advance in intellectuality—the evolution of thought—which has attended the unfolding influence of the times. But still that detestable spirit of intolerance has clung to medicine until to-day, in the marvelous light of the closing of this nineteenth century, a class of men treading upon the heels of such predecessors, have the shameless effrontery to assume to themselves the exclusive right, morally, to be considered physicians. Forced from untenable grounds and irrational treatment by “irregulars,” they affect to despise, they follow in their wake so far as a successful therapeutics is concerned, at least, while they strive to control public sentiment and add to their own standing by berating their benefactors. But history shall judge them. If superstition and old-time prejudice were banished from earth, and if the public could see “regular” medicine in the light which past events have shown, not all its bombastic effrontery could avail in supplying it with a respectable following.

The name of Ambrose Pare lives in history because he added substantial gains to the resources of the healing art. The venom of the pigmies who sought to defame him, could not prove more than a source of momentary annoyance. He died at a ripe old age in 1590, at Paris, honored and beloved.

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### SPINAL CONCUSSION.

BY M. H. LOGAN, M. D., SAN FRANCISCO, CAL.

WHEN the body has received a shake or jar, there are always symptoms of more or less damage done to the nervous system. It may be of so slight a nature as to pass off rapidly and leave no appreciable after effect, in which case it is generally called shock, and does no harm further than causing a weak nervous feeling at the time; but when these slight shocks are repeated frequently, an irritable condition is developed, giving rise to a long train of symptoms indicative of impairment of the nervous system. These symptoms are grouped and variously termed *nueresthenia*, nervousness, nervous debility, general debility, *hypochondriasis*, etc. This is the most difficult class of cases to treat, as these pains and



aches are always exaggerated, often imaginary, ever varying in intensity, and shifting from place to place. Nothing pleases these patients more than sympathy. With it the physician can get their confidence and work upon their imagination, which is a large factor in the successful treatment. A permanent cure is seldom effected, for they are generally valetudinarians when the physician gets them to treat. The treatment consists in general hygiene, regulation of the habits, nearly absolute change of climate and scenery, good lively company, and general systemic tonics. The weakened condition of their nervous systems produces a susceptibility to all sorts of acute and chronic diseases, some of which will generally take them off the doctor's hands early.

After the receipt of a shake or jar, which in itself seems of no importance, there is often a train of slowly progressive symptoms develops that give rise to one of two serious conditions, viz: Spinal inflammation, or spinal anæmia.

The symptoms of both these conditions are very similar, and in many respects identical. First, we will trace spinal inflammation the result of spinal concussion. Inflammation may develop immediately after the receipt of the injury, or it may be several days or weeks before serious symptoms make their appearance; several months have been known to elapse in some cases before the patient has become bed-ridden. Although this long period has elapsed it is easy to see that the patient has changed, both physically and mentally, the habits and tastes altered, desires changed, business capacity gone, generally irritable, and at times appears and acts foolish, countenance pallid, hands cold, pulse weak, and a general appearance of exhaustion. The symptoms of inflammation, or meningitis are, first, the development of pain over the seat of trouble which generally increases and spreads, all pain increased by pressure, and if the inflammation becomes severe, it is sometimes described as the spine on fire; the pain becomes most agonizing, spreading out from the back over the course of the nerves, over the back generally, and to the limbs. At this stage opisthotonos may come on, which is one of the most distressing symptoms possible, usually preceded by trismus and slight convulsive twitchings of the whole body. The patient will usually complain of cold numbness creeping on from the extremities and queer feeling about the head; the pupils dilate, teeth chatter, and a peculiar rumbling noise comes from the throat



and mouth; convulsive twitchings increase until the whole body is in a state of convulsions. There is intense pain in the back, the jaws set, head and shoulders drawn backward, body bows upward, and the rigid condition of opisthotonos comes on. If the patient survives, a reaction soon takes place, the face flushes, and the body relaxes generally; the surface becomes warm, and the extreme pain subsides into a dull aching soreness.

When the inflammation is very severe the patient may come out of one spasm and go immediately into another. I have known four to occur in one day. These are frequently followed by death from the exhaustion produced by their repetition. If the patient survives, the convulsions gradually grow less, and soon cease altogether, leaving the membranes, and perhaps the cord, in a state of chronic inflammation. In the latter case the inflammation seems to select one or more points along the spine, usually three; the upper cervical, middle dorsal, and lumbar region, and generally include three vertibræ. However, the positions of the points of inflammation, as well as the number of vertibræ, vary. Pain over these points is always increased by pressure, percussion, and the hot sponge, while electricity produces such a shock as almost to throw the patient into convulsions. The pain is always accompanied by more or less rigidity. As all motion increases the pain, the patient moves the spine as a whole, as if was cut out of one solid piece. Pain always develops along the course of the nerves having their origin at the seat of inflammation. As there is usually a tender spot in the upper cervical region, there is more or less pain and stiffness in the neck, face, and scalp. As the phrenic nerve also has its origin here, we frequently have trouble in the region of the diaphragm; sometimes this nerve is thrown into a state of more or less permanent spasmodic contraction, giving rise to hiccough, which sometimes proves fatal; and, again, a peculiar constriction is felt as if the body were girt by an iron band. Diaphragmatic neuralgia occasionally developed, or vomiting may supervene and continue for months.

I had a case where the nerve supplying the sterno-cleido-mastoid muscle was the only one affected, throwing that muscle into a permanent spasmodic contraction; the patient has lived many years with this constant jerking of the head to the right side. It is only when he is sound asleep that his head is still.



By extension or primary inflammation some one or more nerves of the brachial plexus are affected, in which case pain extends down the arms. So it will be with the dorsal and lumbar regions, and whatever region is inflamed, the nerves from that part will experience more or less severe pain. One arm or one leg may suffer severely, and the other side be entirely free, or it may be on both sides in different degrees; or any part of one or both sides, depending upon whether the inflammation be unilateral or bilateral. If the inflammation affects the cord also, which it usually does, paralysis will slowly supervene, commencing in that part where inflammation has been severest. The paralysis is seldom complete, and is usually motor, but it may be of sensory alone. It may be both sensory and motor, but not the same in different limbs. For instance, the median nerve in the left arm and the ulnar in the right, or there may be complete paralysis of motion in one arm and of sensation in the other, and every possible variety of combined or disassociated loss of motor power and sensibility. The same thing may occur in the leg. The flexors may be paralyzed only, or the flexors in one limb and the extensors in the other; and every possible degree of hyperæsthesia and anæsthesia develop in the different limbs. Of course all this variety depends upon what column or columns of the cord are affected. If the posterior columns are alone affected, sensation is diminished or destroyed; if the anterior, motion only is affected. Hemiplegia, paraplegia or hemiparaplegia may develop. The muscles generally atrophy and the temperature is less. The bowels become constipated sometimes, alternating with attacks, severe and painful attacks of diarrhoea. The condition of the urinary apparatus may or may not be affected; sleep is not normal; such patients will either sleep too heavily and awake more tired than they went to bed, or will be tormented with frightful dreams. The prognosis is generally unfavorable, incomplete recovery is common, but complete and permanent recovery is impossible for the reason that there has been a change in the nervous system, which is incompatible with the normal performance of its functions. The patient may recover up to a certain point, and be comparatively comfortable, but there is always partial paralysis of one or more limbs, and the patient never recovers so as to be in the same state of health he enjoyed before the accident. The patient may live



twenty years in a broken state of health, but the probabilities are that he will die in three or four, and if the patient be attacked with convulsions, speedy death is almost certain. The danger does not depend so much on the early severity of the symptoms as upon their persistence. If the symptoms develop rapidly and assume their full force and intensity, immediately or very soon after the accident, they depend upon hemorrhage within the membranes, causing compression of the cord. The blood is soon reabsorbed and the symptoms will rapidly subside, and the damage will be slight if any. On the other hand if the symptoms develop very gradually, taking weeks or months to assume their full force and intensity, the damage is then more permanent, for it depends upon the slow and certain development of inflammation, and a lesion of the nerve substance is rarely if ever repaired.

Meningitis seldom affects the cord alone, myelitis being almost always present to a greater or less degree. If myelitis predominates, paralysis will be the symptom complained of most, but if meningitis be the chief trouble, pain will be the worst symptom. Myelitis could hardly exist without meningitis, but it is quite possible, and indeed not uncommon, for a patient to suffer severely from meningitis and escape myelitis entirely. As was said before, these diseases go together, and the predominance of pain or paralysis will tell which has the ascendancy.

#### POST MORTEM APPEARANCES.

In meningitis we have vascularization of the membranes. The meningeal veins are turgid with blood, the pia mater is injected and the cavity of the arachnoid contains a large quantity of serous fluid, which may contain lymph or be reddened by blood. There is also generally adhesions between the serous laminae of the dura mater and pia mater. In myelitis there is usually softening of the substance of the cord, and disorganization to a greater or less extent. The lesion may affect one column only, or the whole cord may be affected at one point, or the grey substance be softened only, and the white entirely free, and *vice versa*.

Although softening is the more common result of chronic inflammation, it sometimes becomes indurated and increased in bulk, like boiled white of egg, but this is rare.

In very severe cases of myelitis the whole of the nervous



substance disappears, and nothing is left at the part but connective tissue.

Now, a few words on spinal anæmia, or spinal irritation, as it was formerly called.

According to our best authors on nervous diseases, this is a condition which is recognized clinically, rather than pathologically. Although it is a very common sequence to spinal concussion, it never proves fatal, consequently there has been no opportunity to examine the nervous system of such a patient. When chronic, it affects chiefly the lower extremities, but the patient may be hemiplegic. There may be complete anæsthesia, skin cold and pallid, the motor power may become lost and electrical irritability entirely wanting in whole groups of muscles. There is generally trouble in the urinary apparatus, either incontinence or retension. There is no atrophy, and although paresis may be complete, there is no rigidity.

The most common symptom is pain in the spine, which is increased by pressure, but is not generally constant when the patient is at rest. The cervico-dorsal region is where the trouble generally settles. In an acute case cutaneous hyperæsthesia is a constant symptom; it becomes very severe and extends over the greater portion of the back. If the patient's attention can be fixed on some other subject the spine can be examined without causing much pain, but the reverse is the case if he knows what is going on. The disease rarely ever becomes chronic; recovery occurs very rapidly, and frequently some excitement or emotion will cause a very favorable turn in the disease, and when this favorable turn comes recovery is generally rapid and permanent. If the disease advances beyond the stage of irritation it will enter that of paralysis. The nervous system in some cases will be completely exhausted, and at the same time, there may be much hyperæsthesia and extreme neuralgic pains.

The paralysis is always more or less complete of sensation in the form of paraparesis, although there may be paraplegia also.

Below a certain point, say about the tenth dorsal vertebra, the nervous system seems to be utterly incapable of receiving or transmitting sensory or motor impressions. The condition is one in which the symptoms would indicate a probable lesion in the sympathetic nervous system, as there is a diminution in the vascular supply of the cord, particu-



larly the posterior columns, associated with frequent functional derangements of the thoracic and abdominal viscera, such as palpitations, vomiting, &c.

It would seem from the foregoing that the deferential diagnosis between spinal meningitis and spinal anæmia, the result of spinal concussion, would be clear, but we have other and more certain means—means which also prove the condition to be as its name indicates, one of anæmia.

Those agents which are known to diminish the circulation in the vessels of the cord, such as ergot, potass. bromide, &c., invariably increase the severity of the disease, while the reverse is true of strychnia, quinine and tonics generally, and all other agents which increase the circulation in the cord. The treatment of inflammation and anæmia of the cord are exactly the reverse of each other. In anæmia we would use such means as counter irritation, stimulants, tonics, &c. Such remedies as strychnia, quinia, iron, cod liver oil, oxide of zinc, phosphide of cerum, and phosphorus compounds generally. Hot applications to the spine, but no bleeding. The curative remedy is electricity, faradic or galvanic. Place the minus pole above and the plus pole below the tender parts of the spine, and treat with a current not too strong for about ten minutes, and repeat it once or twice daily.

The supine position is more grateful to such patients, as it allows the blood to gravitate to the affected part.

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## CARELESSNESS IN DIAGNOSIS—TWO CASES IN PRACTICE.

BY A. W. BIXBY, M. D.

IF a physician would *command* success, he must possess the essential elements of an able diagnostician. The opinions of the patient, or of some other physician who may have treated the case, must not be allowed to govern the diagnostic conclusions. The successful physician has all of his senses trained, sharpened, and at their posts of duty. Whatever comes before his mind through the avenues of the external and physical world, is critically examined under the microscopic powers of analysis and weighed in the scientific scales of reason. He reads a man—mentally, physically, and dynamically—his thoughts, motives, sympathies, emotions, conditions, tendencies, and probable destiny, as the learned scholar reads the clearly printed page.



It is the combination of elements that can do this, that confers the power to achieve the *highest* success.

A careless examination, or an untrained mind on the part of the physician not unfrequently leads to a faulty diagnosis, and, as a consequence, a faulty treatment.

The following two cases coming under my observation recently, will illustrate the thought that I wish to present, as well as be of interest to some of the JOURNAL readers.

CASE I.—About five months since a gentleman came to me for treatment. He had been under the treatment of another physician for six months—the treatment ostensibly for orchitis. He was growing worse; and while he had great confidence in the medical ability of his former physician, he had become dissatisfied with the results in this case. His physician had been treating the case, *basing* his treatment solely upon the symptom elicited by inquiry. This is a specie of carelessness, though frequently occurring, that a physician should never indulge in, if he would command success.

Upon examination of this case I found the gentleman suffering from hydrocele, the right division of the scrotum being much enlarged by an accumulation of fluid therein. A critical inquiry into the history of the case convinced me that there had never been any orchitis at any time.

TREATMENT OF THE CASE: I treated it by evacuating with the trocar about twelve ounces of fluid; injecting into the cavity, thus created, two drachms of tincture iodine, retaining it about three minutes; and the application of a U. S. A. suspensory bandage. After a day or two a seaton was introduced properly and retained a few days. This treatment effected a cure in three weeks.

CASE II.—About three months ago a gentleman of wealth, education, and more than average general intelligence, consulted me for what he denominated piles. I told him that I must make a physical examination of the locality affected, as well as ascertain the history of the malady before I could intelligently treat him.

HISTORY OF THE CASE.—Three years ago, the difficulty had been ushered in by much suffering, the patient having considerable fever, and being confined to his bed for several days. He supposed he had a boil near the anus. Finally he got better, but there remained a small tumor not far from the anal opening. This tumor was more or less painful



nearly all of the time; and at times discharged a small quantity of pus. It gave the most trouble when the patient became costive, which frequently occurred. He called upon an M. D. of this place, who treated him without an examination, and without any benefit. He then resorted to many pile ointments and so-called remedies that flood the country. A "pile doctor" of San Francisco was consulted. This doctor promised a "*sure* cure" with his pile ointment, for which he received \$25. Afterwards he wanted \$75 for a radical cure by an "operation," but was not further employed. A prominent physician of Salinas, California, prescribed for the case, basing his prescription upon the symptoms given by the patient (a carelessness inexcusable).

Upon examination a small tumor, the size of a split pea was discovered. It resembled a mole, and was located about an inch to the right of the external anal orifice. The protuberance was situated upon an indurated base, which was half an inch in diameter. In the center of the tumor was a small opening.

Probal exploration demonstrated that the fistula was expanded after passing through the cutis, and in depth about one-half inch, extending rather toward the rectum. Could detect no opening into the rectum, however.

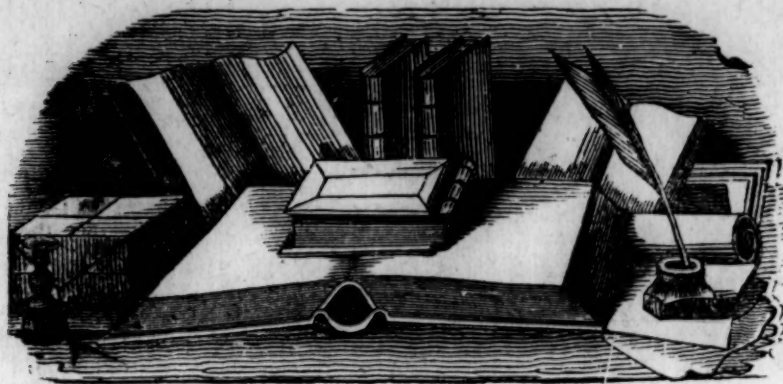
TREATMENT: I grasped the tumor with the artery forceps, made traction and dissected it out, as well as all the indurated tissue at the base of it. The pain and hemorrhage was slight. Persulphate of iron applied promptly arrested all hemorrhage.

I ordered an ointment composed of cosmoline, tannin, and morphia to be applied morning and evening. The wound was ordered washed each time before applying the unguent, with water and carbolic soap. A laxative to keep the stools soluble for eight or ten days, was also prescribed. A perfect cure has been the result.

While these cases appear quite simple to the experienced physician, yet the fact they had passed through the hands of physicians of known reputation and ability, is evidence to my mind, that a report of them may prove of benefit in some way to some, perhaps many, of the JOURNAL readers.

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## EDITORIAL.

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**Mind Your Own Business.**—The policy which enables a medical journal to succeed is not always the policy to be observed in the practice of the profession. It is expected of a medical journal that it shall be wide awake, that it shall be aggressive, that it shall be abreast of the times, even though it pokes its nose into other people's business and treads on tender corns. But the medical practitioner, who depends upon the public for his support, will find it to his advantage to attend severely to his own calling, and let that of others alone.

Sociability is commendable in a medical man, and will make him friends if he can be sociable without becoming a gossip, and communicating matters to the public with which he has no right to tamper—matters which belong to other parties, which individually concern him not in the least, and of which he has no right to know anything, except in a professional way. If he cannot be sociable and keep such affairs to himself, he had better avoid society, have the reputation of being unsociable, and, at the same time, that of minding his own business.

In country places where two or three physicians have made up the medical force of the vicinity, there have been bickerings and jealousies which have gone on even to culmination in bloody tragedy when, if medical men had been wise and kept their own counsel, all might have been avoided.



The sympathy and friendship of the best part of any civilized community can be won in time by the peaceable policy. Though there may arise occasions where a physician should assert his rights, and assert them stoutly, nothing is gained by replying to, or noticing every little innuendo or fling to which some envious rival for public favor may have given utterance. More than half the time these are exaggerated, if not originated altogether, by officious, self-styled friends of either party, who are never so happy as when they are raising a row.

"A soft answer turneth away wrath, but grievous words stir up anger," is an adage of great truth, the observance of which has been a fortune to more than one public man. It will break down the most stubborn opposition, in time.

However, there is one place where courtesy is thrown away, where gentlemanly treatment and fair dealing would be "casting pearls before swine." We allude to the circumstance where an eclectic comes in contact with an ethical "regular" at the bedside of a patient. Here we should meet our square-toed, stiff-necked opponent upon his own ground, and convince the patient and his friends that we comprehend the situation a little more perfectly than does the other man. But to do this we must be well posted in pathology, in symptomology, in diagnosis and therapeutics, possessing at the same time a good knowledge of anatomy, physiology, and the collaterals of a thorough medical education. The acquirement of these may be very nicely brought about while one is minding his own affairs.

But let it not be understood that we counsel any violation of the laws of humanity. The welfare of a patient should never be jeopardized by brawls at his bedside, even though we allow ourselves to be misrepresented. There are better plans than this. We should be "wise as serpents and harmless as doves."

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**A Brilliant Light.**—We know we have much to be thankful for, but we are not proud. Eclecticism represents



the great camping ground of the medical future, and it can well afford to put on airs. But for all this, under the folds of its ample vestments, it shelters some who are a disgrace to its good name. We have sometimes thought it would be a happy affair if eclecticism possessed an intestinal canal and anus, through which some of the trash which encumbers it might be evacuated. It certainly would be a great relief to the balance of the body.

Some time since a young man, while intoxicated, indulged in sexual congress, and found, when he sobered up, that his prepuce was retracted and forcibly detained—in other words, he had paraphimosis. Intense inflammatory action following, he applied to a physician who calls himself an Eclectic, for relief.

Our learned dispenser of the healing art, after listening to the statement of the afflicted one and making an examination, informed the patient that he was laboring under a serious attack of venereal disease, that would require very skillful treatment before it could be removed from his system. His prescription is an interesting one: "Neutralizing cordial to eradicate"—yes, shade of Hippocrates! *to eradicate it from his blood!* and "slippery elm poultices to the inflamed organ."

The patient was trustful, hopeful, and anxious, and with fond assiduity took his blood medicine and changed his poultices several times daily for two long months, suffering meanwhile, especially for the first week or ten days, the tortures of purgatory, from pain in his strangulated penile appendage. At length his faith in his adviser began to falter. He realized, taking into consideration the shape the *thing* was assuming, that he was getting no better very fast. At this juncture we were invited to assume the management of the case.

The active stage had passed by. The whole mucous surface had a pallid, sodden appearance and was cold, through overmuch poulticing. An exaggerated preputial append-



age, filled with serous infiltration, the size of a large walnut, depended from the lower surface of the glans, which presented a pinched appearance and was crowded upward. The submucous tissue of the prepuce was so œdematous that we found it impossible to accomplish reduction without relieving the constriction.

The point of a bistoury was passed through the mucous membrane, just back of the corona glandis on the dorsum and on backward underneath the constricted band, which was cut without severing the external integument. The œdematous and infiltrated submucous tissue was now rolled inward, and the tegumentary portion of the prepuce brought forward over the glans into its normal position. The patient remarked that it was the first time it had seemed natural for two months. A weak carbolized lotion was ordered to be applied to the wounded surface two or three times a day.

In a week the infiltration was found to have nearly disappeared, though some permanent organization may remain as a result of the continued inflammatory action.

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**Climate of the Pacific Coast.**—And now we come to California. We have lived in this State nearly a year and a half, and after having had an experience with all seasons are led to exclaim in the language of the stage man "The glorious climate of California!" This is the land of perennial flowers, foliage, and sunshine. As I am situated at present in the city of Oakland looking out of my window adown the long leafy isles (the streets), the scene is exquisite. The residences are situated on ample grounds; the lawns are closely shorn and interspersed with bunches of shrubbery such as the palm, the cactus, the magnolia, and others equally rare and beautiful. The flowers are ravishing in their beauty and endless in variety. One could not help extolling and perhaps exaggerating the virtues of a country when under the influence of such scenes.



If the surroundings of human beings have anything to do with their development, intellectually or physically, certainly here we should have giants in both respects. The eternal summer in which to grow, the contemplation of the beautiful, the grand and vast to expand and develop the capabilities of appreciation of such things, should produce a glorious race of human beings. All this would undoubtedly be the case were it not that the vices of our civilization with its dissipations, devitalizing our systems, which drag us down to premature decay. Life here in the West has been surrounded by so much excitement,—men being transformed in a day from obscurity and perhaps poverty to be the possessor of millions, and the millionaire in turn as suddenly losing his all. This state of affairs is slowly passing away, thank fortune, and business is being transacted in a legitimate way and with the expectation of only legitimate returns.

We speak thus, as regards climate, of portions of our State. California is proverbial for its diversity of climate. You may choose for your home the sea level or the altitudes of the Sierras; the pineries of the Humboldt in the north or the balmy breezes of Los Angeles in the south. You may choose the Sacramento Valley, with its large crops of cereals and malaria, or a greater altitude with less productiveness of soil and a more healthful abode. You may have the heat of the Tropics or the frigidity of the Arctics, the land of eternal snow, or where it is unknown—all within the State of California. This is an immense State and is capable of supporting a great number of people. Compared with the Eastern States opportunities for gaining a livelihood are as good or better than there, providing a similar amount of toil be expended upon a project. The trouble is that most people cease to take kindly to drudgery soon after arriving in this sunny clime, and, following the example of the older inhabitants, wait for something to turn up.

But now we must say something about the diseases of California and the affections created by other climates



which may be relieved here. The sea-coast breezes of this country are always cool, but never cold or hot as in the Eastern States, but it is delightfully cool the whole year round. The sun's rays for a few hours in the middle of the day may be quite warm, but oppressive heat is never felt and sun-stroke is never known. The fogs and the humidity of the atmosphere from the ocean feed vegetation, making its growth rapid and luxuriant. Nervous depression is not apt to afflict us, and people usually look buoyant and fresh. This coolness in the northern part of the State is so constant that it may become monotonous. One will wish that he could get *real* warm once and perspire. We wear, in San Francisco, our heavy winter flannels the year round and usually carry a comfortable overcoat for emergencies. In the middle of the day in the sunshine, the heat may be felt quite sharply, but the atmosphere is of such a character as to prevent the oppressiveness so characteristic of hot weather of the Eastern States. As evening approaches it becomes cool, so that at any time in the year it may be necessary to have a fire in the grate. The evening breezes are very chilly and are productive of congestions of the respiratory tract. Acute and chronic naso-pharyngeal and bronchial catarrh are very prevalent but are not deep seated nor dangerous in their character. When the wind is in certain quarters it seems to breed these congestions and any attempt to avoid them would be futile. It does not amount to what you would term "catching cold" as the coryza ceases when this characteristic weather changes. Pneumonia is prevalent in San Francisco at certain seasons, but sewer gas undoubtedly does more to produce it than the climate. We are sorry to remark that this city has the worst sanitary regulations of any in the United States, and were it not for its sea breezes and sunshines it would scarcely be populous.

Notwithstanding the mucous membrane congestions so peculiar to this coast country, phthisis is not prevalent. Some one remarked that as the country became older it



would increase, but compared with the States that comprise what is known as the Mississippi Valley, this will not hold good. Through Illinois, Iowa, Nebraska, Kansas, and portions of Missouri, acute consumption is alarmingly prevalent, and yet that country has been inhabited a less time than this. In passing along the streets of a populous town or city, the physician whose observation is cultivated will mark the number of persons who show signs of fatal disease, which, though in its incipency, is none the less certain in its results. In the Eastern city phthisis of all others is the affection which has marked its victims for an early grave, but in this country such persons are rarely met. Rheumatism and catarrh are the prevalent affections outside of the poison city sewer gas, and pneumonia is occasionally contracted though not uncontrollable or dangerous in character.

Next month we shall describe some of the sea-shore resorts along the coast, such as Monterey, Santa Cruz, Santa Monica, Santa Barbara, etc., etc. California interests Eastern folks in two particulars, one as a home and the other as a resort through which to travel for health or amusement. We will try to give some reliable information of the country as regards each.

**Sepia.**—For the last eighteen months we have been using this agent in the treatment of certain cases of female affections, with decided advantage. While it will not accomplish miracles, it will surprise the novice when properly prescribed in cases of bearing down in the pelvis. Even when there is actual prolapsus it relieves this sensation very much, if it does not really effect the restoration of the uterus.

Our homeopathic friends assert that it will restore a prolapsed uterus. Dr. Mercy Jackson, a female homeopathist, declared that she felt her prolapsed uterus rise into place soon after beginning the use of this drug. But we must recollect that the power of imagination is often to be made allowance for, and it is possible that in her case it only relieved a spasmodic contraction of the vagina, or a neuralgic state of that organ or contiguous tissues.



We do not believe that it will restore a prolapsed uterus, but we know that it relieves unpleasant sensations attending that condition, and we also know that it relieves bearing down symptoms when prolapsus is not present.

It has a valuable place in the treatment of stitching pains in the cervix uteri and vagina. These parts are sometimes irritable, especially the cervix, so that coition is painful. Sepia is the best of remedies in such cases.

The third decimal trituration may be used with fair results. We have employed the sixth attenuation with good satisfaction. Our Eclectic friends will do well to investigate this remedy. It may be obtained of Dr. Fearn or at a homeopathic pharmacy. The trituration can be sent through the mail. Give one grain three or four times daily.

**Moth Patches.**—Our lady patients are occasionally applying for something to remove patches of pigment coloring from their faces. This *something* will often puzzle us, and yet it is a matter of no little importance to be able to successfully prescribe for them. Even that which will partially remove them is considered a boon by those affected.

There is no use to treat the liver in these cases. You may call them "liver spots" if you choose, for what's in a name? but do not allow yourself to be led astray by any such appellation. Usually they are the result of pregnancy, though sometimes it is safest not to insinuate such a cause.

The most reliable agent we have ever employed is corrosive sublimate, say grs. x to the ounce of alcohol. The strength of this may be varied to suit the sensibility of each particular case. Let it be strong enough so that it may be applied once or twice daily to the affected surface and cause slight irritation. If too much result, weaken by adding more alcohol. Moisten a bit of sponge with the solution to apply.

A strong solution of picric acid has the reputation of being *par excellence* here. The demand for something reliable is great enough to warrant an investigation of this remedy.



### TO THE MEDICAL PROFESSION.

At the annual meeting of the Eclectic Medical Society of the State of California, held in San Francisco on the 12th day of December, 1882, the following remedies were assigned to committees for investigation, in reference to their physiological and therapeutical actions, their reports to be submitted to the society at its next meeting, in December, 1883.

For uniformity, the committees will investigate the action of the remedies after the following system:—

#### COMMITTEES:

##### USTILAGO MADIS.

Drs. A. W. Bixby, J. A. McKee, W. R. G. Samuels, D. MacLean, J. S. Coleman.

##### JABORANDI.

Drs. H. S. Webster, D. D. Crowley, F. Cornwall, Geo. E. Harrison, J. P. Webb.

##### IRIS VERSICOLOR.

Drs. O. P. Warren, F. Cornwall, M. H. Logan, G. W. Handy, J. P. Schmitz.

##### APIS MEL.

Drs. M. H. Logan, J. A. McKee, W. R. G. Samuels, J. S. Coleman, A. S. Cook.

##### MANGO.

Drs. G. G. Gere, D. MacLean, H. S. Webster, J. S. Coleman, A. W. Bixby.

GENERAL ACTION—*Upon what function, and nature of action.*

PHYSIOLOGICAL ACTION ON NERVOUS SYSTEM—*Sensory nerves. Spinal cord. Reflex action.*

PHYSIOLOGICAL ACTION ON CIRCULATION.

THERAPEUTICAL ACTION AND MEDICAL USES.

It is the wish of the Society that members of the profession, outside of the committees, will take an interest in this matter and report the results of their investigations. By these means therapeutics will be placed on more scientific basis, and remedies prescribed with more certainty.

M. H. LOGAN, M. D., *Secretary.*



**Our Brother Homeopath of San Jose.**—In the May number of *California Homeopath* we notice an article by C. W. Breyfogle, M. D., which causes us to stop and think. He counsels us to cease abusing our long-eared co-laborers in the profession—the Allopaths—but in the same breath calls them bad names. Bro. Breyfogle, this is all right, admonishing the irregulars to forbearance so Christ-like, but we know by the temper you show that, like other doctors, you will refuse to take your own prescription. We think you presume too much upon the probable tenderness of the allopathic heart by supposing that, by leaving them alone, they would relent in their avarice for emolument. This is just what they want—to be left alone. We think they need to be watched, particularly in legislative matters, or some day us irregulars (so called) will find that we have had our legal right to practice our profession taken from us. We are not in favor of abuse or meaningless tirade, as that is a sign of weakness; but we must protect our rights as American citizens. Simply being able to treat disease with a less mortality than they will not aggrandize us, or assist us in acquiring or keeping our rights. That, we (both schools) have done for many years, and, be it said, that it is no particular credit either, as they so often aggravate instead of controlling disease.

We do not think that the millennium in medicine will ever come. Just as well think of a millennium in politics and that the State would keep itself purified by one set of men continually in power, and no one to criticise or curse. Just as well to think of a single religious organization moralizing humanity. Europe was controlled by a pope a few hundred years, but it took Luther—another irregular—to disenthral the mental degradation of the humanity of this period. One school of medicine with power to practice as it might or wished, each physician supported by a salary like an army surgeon or as a priest, would soon degrade itself to routinism and intellectual decay. On the whole,



we were interested and pleased by Dr. Breyfogle's remarks, and although we have never met the gentleman we believe him capable of a conception of professional honor and fairness.

WE have received a pamphlet, "The San Francisco Homeopathic Hospital Reports, By-laws, &c." The Homeopaths have shown no small amount of zeal and wisdom in developing so respectable an institution, and we bespeak for them, from what we know of their management, a successful future. We have no animosities in medicine and wish all deserving institutions great success.

#### BOOK NOTICES.

ALCOHOL AS A FOOD, A MEDICINE, A POISON AND A LUXURY. By George C. Pitzer, M. D. Professor of the Theory of Practice of Medicine in the American Medical College, St. Louis, Mo; Clinical Lecturer at the city hospital, St. Louis; Editor of the *American Medical Journal*; Author of "Electricity in Medicine and Surgery;" and Author of a new work on "Direct Medication"—Therapeutics.

THIS is a pamphlet of 17 pages and is a reprint from the electrotypes of the author's forthcoming work on "Direct Medication." Price, 25cts. Can be had by addressing the author.

The matter of this pamphlet shows that thought and labor have been bestowed upon it, but it presents more the characteristics of having been written for the laity than for the profession. Notwithstanding the author declares that he is treating the subject candidly and impartially, he purposely omits many of the uses of alcohol, or is sufficiently prejudiced against the drug to bias his judgment. It is possible that the doctor never made an extended use of alcohol in his practice, and, knowing the great evil that springs from its abuse, chooses to benefit his brethren by limiting its sphere to that which will not lead to temptation. While this might be commendable in writing for the laity, it is scarcely justifiable while writing a scientific treatise for scientific readers. He does not mention the action of alcohol in consumption or other wasting disease as an alleviator of suffering, or as a curative agent. Alcohol, in connection with cod oil, where there is a failure on the part of the organism to assimilate fatty diet sufficient to build



up the brain and nerve tissue and furnish an oxidizer, is of the greatest utility. This may be a temporary state and a great deal depend on the rapidity of the action of a food or remedy, and were you to wait for the digestion and assimilation of fats your patient might be beyond the reach of help. You can get a great deal more rapid action from the combination than from the cod oil alone. When the patient has reached that point, or has recovered to that extent that he no longer needs the alcohol as an oxidizer, it can be left off. The feelings and appearance of the patient are usually sufficient guide as to when this can be done, and it is safe to trust their appetites as it would be extremely rare that persons suffering in this way would have a tendency to inebriety.

In a great many cases of insomnia and loss of appetite produced by anxiety, such as is brought about in a sensitive individual by an impending law suit, or the like, without such an individual have a strong tendency to drunkenness, we would frequently prescribe a full dose of whisky and expect a satisfactory result. In other neurasthenic states, where food of the proper kind is badly assimilated, alcoholic liquors in many cases as a temporary agency is advisable. The physician must use an amount of prudence in these matters, so that he does not manufacture drunkards, but the danger of doing so should not debar him from the employment of an agent which is capable of relieving so much suffering and curing so many conditions as can be done with alcohol.

Taking it all in all Dr. Pitzer's pamphlet on alcohol is commendable and will repay one for the reading. We shall wait with anxiety for the complete work on "Direct Medication."

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A SIMPLE METHOD OF PRODUCING LOCAL ANÆSTHESIA.—Dr. Cheize relates (*Moniteur de la Polyclinique* March 25, 1883) a simple procedure adopted by him in a case of in-growing toe-nail, requiring immediate operation, at a time when he had no apparatus at hand. He saturated a little piece of lint with ether and placed it on the toe. He then projected the air from an ordinary pair of hand-bellows upon the lint until the ether was evaporated. This was repeated two or three times, when anæsthesia was so complete that the nail was removed without the patient's knowledge.



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SELECTIONS.

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IN CERTIS UNITAS, IN DUBIIS LIBERTAS, IN  
OMNIBUS CHARITAS.

WE can find no more appropriate heading to the subject we propose to discuss than the motto which for more than forty years has stood upon the title page of one of the oldest and most talented quarterlies of the new school. The word unity has a broader and more comprehensive meaning than it generally receives. We speak of an army, with its thousands of men, its battalions and divisions, as one, and we speak of the soldier as one; but the former is the oneness of unity, and the latter the oneness of the unit.

There is no power in a unit; there is no possibility of the harmony of that which is but one in itself. When we speak of unity in a great profession, made up of men of different habits, of diverse manner of thought, we mean that unity which exists between things dissimilar and unlike, rather than that which exists between things similar or alike. We do not speak of the unity of a flock of sheep, for one is but a repetition of another; they are all alike; nor of the unity of the separate atoms in a sand pit, for that is simply an aggregation of similar atoms, and even if hardened into a mass, they are not a unit but a mass. If in our profession we look upon its duties from the same standpoint, all reasoning alike and seeing alike, there would be no unity, but the sand pit over again. Through the past two thousand years we have reached truth slowly; a fragment here and a fragment there; each century adding something, bringing out some new truth, and preparing the way for its further and more complete development. In every department of science the full truth is evolved, not all at once, but often through slow gradations, one fact preparing the way for another, one truth leading up to another, until the human mind is ready to seize hold of, nurture, and fight for, if necessary, truth vital to human progress, and which otherwise might have been crushed in its birth. The medical world for centuries has been divided into parties or sects, warring against each other. Each contending for some particular idea, and each working in a peculiar line of thought, seeing only one side of the shield. This in the past was inevitable, and was, to a certain extent, wise, for it brought out in



stronger light each great truth, no longer the rough stone, but the polished gem; and as the violet, the blue, and the orange make up the white ray, so these great truths in our profession, which have been developed by centuries of toil, are found not to be antagonistic to each other but blended together in such unity as to make one great profession, a unit like the human body, made up of different parts, each essential to the perfect and harmonious working of the whole. These facts are now better understood, and each part of a great profession is beginning to appreciate the work accomplished by others, and realize that every honest mind, whose good opinion or friendship is worth having, is looking in the direction of one great central idea, by different processes, and through different paths, it may be, but looking to the same great end—the regeneration of the world from disease, and the emancipation of the human soul from its thralldom. The human mind is everywhere being emancipated from the thralldom of sect; it is reaching out for a larger liberty and a wider sphere of action. The banding together in distinct parties, and working in distinct lines, has served not only to bring out the real value of the principles for which each contended, but to free them from the rubbish with which speculative minds always strew the path of progress, and give them their legitimate place in the grand whole.

The important question comes up before the mind at the present time, if *pathy* has not performed its work in bringing out, establishing and showing the uses of the great principle for which each contended, and now that these principles are admitted by the leading minds of all schools, if it would not be wise to drop all sectarian names, and, admitting the rights and liberties of all, proclaim the unity and brotherhood of a great profession? To this end the two great professions which have, more than any other, filled the world with their war of words and their persecution—the theological and the medical—are steadily advancing. Each party is seeing some good in the other, realizing that no one party holds all of truth, and in the spirit of light and progress are blending together in harmonious fellowship in the great war upon the common enemy.

We appeal to our brethren of the new school to change the sectarian flag under which they have fought so grand a battle for a great principle—for that principle, the dual



action of drugs, is now thoroughly established—and hoist the flag of a united profession whose folds are broad enough to cover all. Let every man work in the way in which he can accomplish the most good, but let us turn our batteries against our common enemy, rather than upon ourselves. The days of sect in our profession are numbered; the spirit of the age calls for unity, not necessarily the similarity of the flock of sheep, or the atoms of the sand pit, for that would be impossible and not to be desired, but that unity which unites men upon a single platform and beneath one flag, whose opinions upon minor points differ, each preferring his separate work, but all, like the members of the human body, united in a harmonious whole.

The civil war which, during the early part of this generation, convulsed the nation, illustrates our point. For more than a generation a small party contended for the equal rights of all men, for certain principles of right and justice, without which they believed the nation could not long live and flourish. Met at first not only with sneers but persecutions, the time foretold at length arrived when the antagonistic principles stood strong and defiant, face to face upon the battle-field. Both sides had long been preparing for the struggle, one a unit in thought and action, the other, through the slow progress of education, reaching a point where a conflict between the two principles in which the stronger must win was inevitable. Abolitionism, as a party, ceased; but the principles for which it contended, of equal rights to all, of a national unity, based upon right and justice, live in a strong and united nation. Homeopathy, as a sect, disappears, but the great principle for which it struggled, the dual action of drugs, lives as the center, the spirit, of the rational therapeutics of the present and the future. The old school has always been sectarian in fact, and the new school, in nine-tenths of its members, only in name. Names may change, but principles remain. By clinging to a name which by no means represents its catholicity and its spirit, the new school places itself in a false position. Thoroughly catholic in spirit, it proclaims itself to the world as sectarian, and with its own hand closes the door of many an avenue of public preferment, and gives its adversaries a weapon which it has wielded with terrible force against it, and which they could not obtain elsewhere. Even if the name represented truthfully the



school, which it does not, the necessity for it no longer exists. The principles for which it contended are admitted by the foremost thinkers of the profession everywhere, and enter into the spirit of nearly all the modern investigations in therapeutics. It remains for the new school to decide for itself whether it will take its natural position in the front rank of that progress which it has done so much to create, or, clinging to a name, and thereby isolating itself, become bereft of honors and influence it has richly earned. The new school has placed before it life or death. If it clings to its old name, honored and loved as it is, but which by no means covers its belief and practice, it goes down as a sect to a speedy death. If, on the contrary, it catches the spirit of the times, that spirit of liberty and enlightened progress now breathing through and moulding a great profession into a brotherhood, a unity, which will live through time, it takes its proper position and wields its proper influence in the ranks of a science which it has done so much to create.—*N. Y. Medical Times.*

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### PHARMACEUTICAL PREPARATIONS OF PLANTS.

BY J. U. LLOYD.

IN studying these preparations we meet with many aggravations, more perhaps than we care to acknowledge. Pharmaceutical preparations are not so simple as most persons suppose, and, after a decade or more of constant practical experience in this branch, we acknowledge that our former opinions concerning the study of pharmacy were far from creditable. The chemistry of chemicals used in medicine, is, as a rule, thoroughly understood, for most of the chemicals of value are simple. The standing of the pharmaceuticals of the present day, upon the contrary, is in an uncertain condition, for processes are largely experimental and the products are variable and unstable. The foregoing is not a rash assertion; experience demonstrates that commercial chemicals are generally uniform and above criticism if under the label of the manufacturer, while much uncertainty exists with commercial pharmaceuticals. Our Pharmacopœia and our works on chemistry give exact processes for making each chemical, and elaborate tests for purity, such as specific gravity, solubility, melting and boiling points, etc., etc., but are generally silent or at least



remarkably brief concerning pharmaceuticals. The writer will venture to assert that specimens of iodide of potassium or bromide of potassium from the several manufacturers of this country will not materially differ the one from another. While under the same conditions specimens of fluid extracts which should be from the same plant will often scarcely bear a family resemblance. This uncertainty does not always result from carelessness nor from the general depravity of the manufacturers of pharmaceuticals, but from the fact that their department (pharmacy) is in a chaotic condition, and the methods are uncertain. This statement may bring a volley of criticism, but we doubt not those having the least practical experience will criticise most freely. Our work in pharmacy and in chemistry compels us to say that in our opinion a beginner can make better headway in the latter branch, and that, as a rule, a fair student is more certain of his work among chemicals than an experienced pharmacist among pharmaceuticals. The great field now is pharmacy; the unknown is the pharmaceutical. True it is that pharmacists are far ahead of the seventeenth century, and many advances have been made during the past decade, but around us we have a mass of incongruities called pharmaceuticals and lines of preparations made by one general rule, the exceptions to the general rule being simply a variation in the composition of a menstruum. In making our fluid extracts and tinctures we employ the preferable part of the plant, which being reduced to the proper fineness we extract with a menstruum. Hence it is that in reviewing this class of pharmaceuticals we should commence with the

*Menstruum*.—This term has been handed down from the obscure days of the alchemist, and may be now defined as a liquid which is capable of dissolving some substance which we desire to separate from the plant. The former use of the term and a brief history of the menstruums used or searched for by older chemists and alchemists is of general interest. The early workers in chemistry recognized both solid and liquid menstruums, and we have only to refer to the works of Boerhaave, that intelligent and interesting chemist of the eighteenth century, to find in his "*Elementia Chemiæ*" a clear description of the ancient menstruum.

We quote as follows: "The term is a barbarous term; and denotes a body, which, when artificially applied to another, divides it subtly; so that the particles of the



solvent remain thoroughly intermixed among those of the solvend."

Boerhaave has here given about as clear a definition as we could offer at the present day. The liquid which enters our powdered plant within the percolator is the menstruum, and this dissolves certain substances from the plant, "divides it subtly," and this dissolved matter actually becomes a part of the menstruum, or, as Boerhaave expresses it, "the particles of the solvent remain thoroughly intermixed with those of the solvend."

Next we have an interesting explanation of the derivation of the word menstruum from the same work, to wit: "The reason why this solvent was called a menstruum, is because the chemists, in its application to the solvent, first used a moderate fire for a philosophical month, or forty days; and hence called the solvend a *menstrual* solvent, and at length barely a menstruum."

From this we learn that formerly it required the constant application of heat for forty days before the alchemists were satisfied that their solvent had exerted its full power. With remarkable clearness we find Boerhaave describes the action of the menstruum as follows: "The divided parts therefore of the solvent, must insinuate themselves among the parts of the solvend, so as to divide and dissolve the body; and hence it appears that this action of menstrooms differs from all mechanical separations, where the dividing instrument remains entire and whole, both in the act of separation and afterwards; as we evidently see in the case of a knife, sword, saw, pierce, etc., for all these instruments, while they divide, are not themselves divided, but remain almost the same as before." In other words, as an example of the difference between mechanical separation and the action of a menstruum, we might say that a mortar pestle will divide and pulverize a crystal of bromide of potassium, and remain as before a pestle; but that water will "insinuate" itself among the molecules of the crystal, tear them apart, and change the solid into a liquid, but this change also imparts to water a different property, and it becomes with the salt a solution of bromide of potassium.

Menstrooms in Boerhaave's day, were divided into two great divisions, and these were subdivided. The great divisions for menstrooms were solids and fluids, and of these Boerhaave remarked: "We must also observe that many



menstruums, before they act as solvents are hard and consistent bodies; and so long as they remain in form cannot act as solvents; but the custom has, however, obtained of giving them the name of menstruums. Whence the chemists of all times have said that some menstruums are solid and others are fluid; and this division may be esteemed just, according to the distinction above delivered."

Inasmuch as Boerhaave has stated that solid bodies cannot act as menstruums as long as they remain solid, he exemplifies his statement by showing that gold, lead, silver, copper, iron, and tin will not act upon each other when cold, but may be melted and mixed, thus becoming menstruums to take up each other, and that a metal may be divided to an unlimited extent. For example—"The least particle of gold may be expanded through an immense mass of silver, so that every and the least assignable particle of the silver shall always contain a proportionable particle of the gold; and this while the particle of gold remains unchanged amongst the unaltered parts of the silver." These he classes among the first subdivision of solid solvents, and the second class contains substances which alter the properties of the resultant body as follows: "The second class of menstruums are semi-metals; such as antimony, bismuth, cinnabar, marcasites and zinc; which also like metals melt in the fire and mix and divide one another to a surprising degree, but when thus mixed with metals the metals no longer remain malleable, so that they may be reduced to powder, though ever so ductile before." The third class includes "dry salts; as alum, nitre, sal-ammoniac, sea-salt vitrol, fixed alkali, and mercury-sublimate; for all these, when actuated by the fire, or fused, have wonderful effects as solvents, and often such as cannot otherwise be obtained." The fourth class of solvents, according to Boerhaave, were "hard fossil sulphurous bodies, such as sulphur-vivum, common brimstone, arsenic, orpiment and cobalt, which manifest a wonderful property in the fire, and thus mix with one another, and with other bodies, and have such particular action as solvents that the like can scarcely be produced by any other means." In the last or fifth class come "those fossil bodies which the refiners call cements."

The foregoing illustrates the former idea of solid menstruums. It will be seen that all substances which exert a chemical action on other bodies were included, and even



metals, for they form alloys one with another. At the present day these substances (alloys perhaps excepted) are said to act on each other by means of chemism, or chemical attraction, although the taking up of certain melted metals by others in definite proportions approaches nearer the actual action of our ordinary solvents than to chemical action. And perhaps Boerhaave was near the mark when he called them menstruums.

However, the foregoing were not the true menstruums even of Boerhaave, for he gives preference to liquid as follows: "But there are numerous menstruums that have a liquid form before they act as solvents; such are all those commonly called menstruums in chemistry; as vinegar, water, saline, acid, alkaline and compound spirits, alkaline oils *per deliquium*, etc. And these are all liquids, their action is the easier understood, as being common, and what we daily see in the shops."

We have briefly noticed the menstruums of the day when Boerhaave wrote, and while most of these bodies are now classed differently, their natures and properties being better understood, we must say that Boerhaave spoke so clearly regarding the actions of various menstruums, that even at the present day many of his explanations cannot be improved. However, he considered menstruums in a comparatively recent period, his "*Elementia Chemiæ*" having been written in the year 1724. Earlier chemists held ideas regarding menstruums that at present we are induced to consider so visionary that we scarcely can reconcile ourselves to the thought that these men were in earnest. In our next communication to this journal we will glance at the really old menstruums.

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## NEW FACTS IN GYNÆCOLOGY.

BY P. J. M'COURT, M. D., NEW YORK.

FOURTEEN years ago I surprised myself and others by actually curing a severe case of what we then called chronic parenchymatous metritis, recently designated by Prof. Thomas, of this city, with the approval of other gynæcologists of equal eminence, as areolar hyperplasia (Gr., from *hyper*, above, over, or in excess; and *plasso*, to form, mould, or shape: excessive formative action). While the change is a manifest improvement, this term is yet defective, and



should be again corrected when pathological knowledge becomes more exact. Even partial success in the treatment of uterine diseases was then extremely rare; and it cannot be said to be of frequent occurrence now, by the barbarous and unscientific methods still in use. To criticise these methods, however, is not my intention, as it could not serve any useful purpose. Those who have employed leeches, scarifications, the cautery in its various forms, iodine (a universal favorite just now), heating cotton-balls, irritating pessaries, etc., have done what they deemed best, and are not to blame if all these measures fail to make a radical cure of one case in five hundred. Nor would I reproach those who, with equal zeal and greater credulity, have jumped to the opposite extreme—who reject all local treatment, and hope to cure their patients by remedies internally administered, which would be of equal efficacy for a broken leg or a tight corset. And I entertain a large share of respect for the opinion of others who candidly acknowledge that these diseases cannot be cured by any means—that “they are,” in the language of one of those gentlemen, “internal, and infernal, and eternal!” Every medical practitioner, and especially every gynaecologist, has done his utmost, with aim as high and noble as the heart of man can know, for the benefit of woman; to restore and sustain the health of that best, as well as most chaste and beautiful of God’s handiwork, has been his greatest pride and pleasure; and, knowing this, it is at least inconsiderate to censure such worthy effort, even when it erred.

The patient referred to brought me many others, with, for a time, but little benefit to themselves; and as the numbers multiplied I determined to seek, by persistent experiment and crucial test, a more rational *methodus medendi*. Convinced by constant use of the intra-uterine thermometer,\* which I had constructed for this study, that inflammation, acute, sub-acute or chronic—whether induced by changes of temperature, pressure, friction, or by irritating drugs, as iron, iodine, mercurial or alkaline preparations, etc., administered internally or applied topically—was either a leading cause, or an inseparable concomitant of nearly every variety of uterine disease, I commenced a series of experiments to ascertain what drugs, applied in the form of liquid dressings, were best adapted to combat *inflammation and its*

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\*Now made by John Reynders & Co., of this city.



*effects on mucous surfaces.* Rejecting all else, I at once selected, as excipient and pessary, a fine, soft, bleached sponge, which was saturated with the drug chosen for experiment, and placed in contact with the os uteri. These dressings were withdrawn and replaced at varying intervals, and the results carefully noted. Forty-two drugs, the best indicated by authorities for the purpose, were thus tested, with but negative results. The forty-third drug selected was tinct. sanguinaria can. (on account of its reputed efficacy in nasal polypi), very strong, and made by my own hand from the green root. This proved to be one of the objects of my search; and in its own field, which was easily defined, it has rarely disappointed me. Since then, I have studied in this manner the effects of many drugs, but found few of equal value. Employing it immediately in nearly all of the cases previously treated in vain, the results were not merely gratifying but even startling, and proved conclusively that some of our "knowledge" of uterine and cellular pathology was, and still is, erroneous. This question of pathology, however, I shall not at present discuss, but will restrict myself to a plain recital of facts, which all who intelligently follow me can confirm. In the meantime, I would remind tyros in gynæcology, and dogma ists generally, that those who are best acquainted with uterine pathology will be the first to concede that they have yet much to learn. But these unsolved problems cannot longer justify me in withholding the results of my investigations from the profession, to whom they of right belong.

A sponge, properly prepared and adjusted, answers four leading indications here better than any other known substance: 1. It is a perfect pessary, retaining the uterus *in situ* in every condition (except, perhaps, in complete laceration of the perinæum); and, being a soft, elastic cushion, protects the organ from all shock. 2. As applied, it strengthens, while all others weaken the supra-vaginal walls; and it does not chafe the parts in contact. 3. It carries a large quantity of liquid medicine, which it yields freely to the os uteri and surrounding tissues. 4. It receives in return and bears away whatever morbid matters have been eliminated by the action of the remedy.

Sponges for this purpose must be very carefully prepared, since the raw article is scarcely less irritating than sand-paper. These were cleansed in hydrochloric acid, colored



with potassium permanganate, bleached by sodium hyposulphite, hydrochloric and acetic acids, mixed, and washed in acetic acid No. 8. This is a delicate process, which renders the sponges almost lily white and soft as velvet; but care is necessary at every step, else they will be destroyed. In practice, one is selected of a size and shape to fit the parts accurately, charged with such medicine as the case demands, and gently but firmly placed in close contact with the os uteri, after the organ has been restored, so far as may be practicable, to its normal position.

Eight remedies are of especial value for these dressings, classed *seriatim*: sanguinaria, belladonna, aconite (rad.), nitric acid, kreasotum, conium, calendula, and carbolic acid. I employ them simple, compound, and in different degrees of strength, to answer the ever-varying indications we meet in practice. Experience must assign to each its proper place and value. Upon a few points, however, I must be explicit. Non-specific ulceration, *per se*, requires chiefly sanguinaria, calendula, etc., while specific ulceration demands nitric or carbolic acids. But when either variety is accompanied by inflammation, even in a slight degree, or by very considerable hyperæmia, no progress will be made until the three first-named drugs are applied combined, in proportions suitable to the condition. And when great tenderness of the parts exists, calendula should be added. When induration is present, conium, calendula, or nitric acid, may be indispensable. Of course, we will remember that the latter drug should not come in contact with an alcoholic tincture; and it will be equally apparent that some in the list, if not applied with caution, will produce erosion, denude the parts of their mucous membrane, and spoil the case.

During a first examination, the speculum, and whatever else is requisite to a thorough exploration of the parts involved, may be employed, unless forbidden by excessive tenderness, in which case its use ought to be deferred until such condition is removed—a result generally attained by a few dressings. But in the majority of instances the history of the case, and the educated touch, will tell us all that we would learn. The constant use of the speculum is often cruel, rarely necessary, and must serve to delay the change we seek to hasten. And especially in the case of virgins, for obvious reasons, we should *never* employ that instrument, or otherwise dilate the vagina, unless the necessity be impera-



tive. This manifest precaution is too often disregarded, without a shadow of justification; and sorrow is a frequent result. If, however, the passage is enlarged from any cause (and it is often due to disease alone), proper treatment will correct the condition before the point of cure is reached.

The prescribed dressing, applied as directed, may be renewed every twelve to thirty-six hours, *pro re nata*; and the interval should be intelligently fixed in each individual case. The patient's description of the dressing at the time of removal, and a close inspection upon our part after it is washed, will tell us the exact condition of the parts, and likewise the character and degree of morbid action. If the disease be of long standing, she will tell us, in almost every instance, during successive weeks and months (and in cases of extensive adhesion, induration or scrofulous diathesis, it may be for years), that there was matter and at times blood upon it. We, in turn, will find it stained white, brown or black; and these stains cannot be removed by washing, even with acids, but disappear almost instantly on contact with the medicine.

The *modus operandi* may be as follows: The medicine, on leaving the sponge, enters the uterus, the adjacent tissues, and lymphatics (tending first and chiefly to the point of *highest temperature*) by endosmosis. Its first effect is to subdue inflammation, then to dissolve the ulcer and separate the pus, etc., which are expelled by exosmosis. The law of capillary attraction to the interior of the uterus alone cannot explain the resultant phenomena, since, as will presently appear, the direct curative action of the remedy extends far beyond the parts acted upon.

During the treatment of various uterine diseases and displacements, but especially in that of areolar hyperplasia, chronic endometritis and endocervicitis, ulceration of the os, etc., I have found as a rule the flow of pus to be very copious, and at times enormous. Our pathology, as at present understood, teaches this position to be untenable; and, the position being sustained, would class the product as laudable pus. Let us see. In seven out of ten such cases the dressings on removal will be found loaded with pus, of a most offensive odor, and so corrosive as to eat holes in the sponge, as if an incandescent iron had been thrust into it. Do these qualities belong to healthy pus? Since the use of a sponge for this purpose has not the sanction of authority (I am not



aware that it has ever been employed by any other practitioner, except those who have been my pupils; and the history of medicine contains no hint of such use), it may be urged that its presence changes the character of the secretions. This is met by the fact that where disease does not exist, or when a healthy condition is restored, the sponge will not part with its medicine, and comes away, even at the end of sixty hours, nearly as clean as when placed—a feature of equal value to patient and practitioner. Both will often be surprised, on removing the dressing, to find it black as ink, perhaps fetid, and, although apparently free from pus, it may crumble to powder in the fingers. This merely shows that the medicated dressing has “found iron,” and that the mine is being worked to advantage. I regret to quarrel with pathology again; but the fact is attested by a blue reaction with potassium ferrocyanide, and by a red reaction with potassium sulphocyanide. A lady, the wife of a highly educated physician of the old school, recently discharged from my care, apparently well, has removed over twenty such dressings, jet black, corroded by iron; while more than forty have been destroyed by ulcer alone. This lady had been “fed upon iron since childhood,” to quote her own words; but her husband interdicted the poisoning process at the time of their marriage, and her last dose of the drug was taken nine years before we met. It had since remained latent, yet active in her system, sustaining inflammatory and ulcerative action. Here we see crystallized the ideas of those who believe, literally, in “nerves of iron” (or should they have said “lymphatics” of the metal?)—and they are few who do not.

It only remains for me to state, in general terms, the results obtained by this system, and to point out its sphere of action. As will be seen, it differs from all others in at least one important particular—it *drains* not only the parts chiefly involved, but also the entire body, of *materia morbosa*, which are cause or product of disease; while they *seal up* those materials by the application of caustics, suppositories or other astringents, to the os or within the cervix uteri. Hence the presence of pus has never been discovered; hence pathologists assert that it does not exist, and that a purulent discharge cannot be set up without breaking down the tissues. The latter proposition is true as applied to previous systems, but under this no such breaking down occurs.



There may be a trifling loss of weight at the beginning; but, with rare exceptions, better appetite and increased strength are manifest from the starting-point. And this drainage continues, free and copious, long after all apparent local disease has vanished, especially in persons of well-marked dyscrasia. The skin then loses its dark, mottled or muddy color, the face its roughness and pimples; otorrhœa, granulated eyelids, styas and colored perspiration of the axillæ are materially relieved or completely removed. Even the cough and expectoration, and not infrequently the hæmoptysis of phthisis, are rapidly modified. But how can this method permanently reposit a displaced uterus? Simply by affording the only condition which can render such a result possible: by removing causes and restoring normal tone, or that vital principle, *contractility* (a property always absent in these displacements), not only of the uterine ligaments, but also of the abdominal and vaginal walls. In amenorrhœa and chlorosis, results have been extremely gratifying; and where the catamenia were absent for years, the function has been often restored in a few weeks. The same may be said with reference to menorrhagia and dysmenorrhœa, unless the latter was of ovarian origin, when it generally proved obstinate.

Flexion, elongation, stenosis, and artesis of the cervix and os, when the two last-named diseases are due to inflammation or cauterization, as a rule, yield readily, especially in young subjects; for those of advanced years we may have to resort to forcible dilatation—a very easy task when inflammation is removed. And I have not met with a local inflammation, either acute or chronic, which was not promptly subdued; while but a single case of adhesion (of twenty-five years' duration) refused to separate in the time given me. Lacerations of the cervix, of long standing, frequently heal kindly. D. H. Gregory, M. D., of Newark, Ohio, one of my pupils, reports a case similar to the last appended, with lacerated cervix added, cured, wherein union was perfectly restored without operation. Pruritus vulva and vaginismus are at times very persistent, and the latter is often but slightly benefited. Uterine polypi, both mucous and fibrous, have repeatedly sloughed away with but trifling hemorrhage. Fibroids are not benefited by this treatment, except to restrain or suppress their growth. With carcinoma I have had no experience. In medullary



and epithelial cancer, all my efforts have thus far proved fruitless, beyond the point of relieving pain, and that in a degree far from satisfactory. For this terrible disease I have tested in a most thorough manner the effects of several drugs, but cannot attribute the slightest curative virtues to any of them. Even hydrastis can., so valuable in cancer of the mammæ, is powerless here. But I trust and believe the day is not far distant when medical science will triumph over this, as it has over so many other maladies of equal fatality.

In the following cases I shall say nothing of internal remedies. Both ladies, having been in the best of care (that of leading members of the profession in Troy and Albany, with numerous counsel from here and elsewhere) during the entire period of their illness, received medicine from better hands than mine, but without apparent benefit.

1. May 3, 1869.—Mrs. S., aged 35, nervo-sanguine temperament, scrofulous diathesis, sterile, sickly from childhood, and almost helpless for over seventeen years. She has had two attacks of what her medical attendants call pelvic cellulitis (pelvic peritonitis?), from the first of which her illness dates, and an abscess of the left labium majus about once every three months during the past four years. She is now anæmic, sleepless, irritable, melancholy and morbidly sensitive. There is amnesia, anorexia, inveterate constipation, and agonizing pain each month, with adenitis. The uterus is enlarged, retroverted, and firmly adherent; the cervix and the entire surface of the pelvic cavity are hard, dry, and smooth as glass. Long continued cauterization (often with solid potassa fusa) has resulted in atresia of the os externum. The labia pudenda are swollen, the vulvo-vaginal glands permanently enlarged, and their excretory ducts closed. Temperature under the tongue,  $98.2^{\circ}$ ; owing to closure of the cervix uteri (stenosis), I am unable to pass thermometer, but in Douglas' *cul-de-sac* it registers  $99.3^{\circ}$ .

The lady and her husband are informed that the most we can hope for is relief; that about three years' constant care will be necessary to attain such result; and that I decline to receive charge of the case unless promised implicit obedience during that time. To this condition they gloomily assent.

The first indication here is to subdue inflammation and induration; and the remedies, as described, are applied to that end.



May 1, 1870.—Very little improvement to note; she is still confined to her bed. The cervical canal is partly open, and its temperature is  $101.3^{\circ}$ . Less pain accompanies the menstrual nixus. Much pain, no appetite, and but little sleep. The abdomen is very prominent; uterus prolapsed, sensitive to pressure, greatly enlarged (cavity five and a half inches), its walls thickened, the os retracted and hypertrophied, while the cervix is obliterated by the globular shape of the organ. No leucorrhœa; pruritus of vagina, the walls of which are relaxed, and the passage so enlarged that the entire hand is passed without effort. The mind is unusually serene for one in her condition, but of late she is hopeless of recovery, and has made every preparation for death, even to the making of her burial clothes. Temperature under the tongue  $98^{\circ}$ ; within the uterine cavity  $101.4^{\circ}$ . Clearly we have to deal with subinvolution of the uterus and areolar hyperplasia combined.

Owing to her intolerance of cold, the dressings are applied at  $99^{\circ}$  and in four weeks that symptom has ceased to annoy her. A moderate discharge, mostly purulent, but also containing crusts and blood, followed the first few dressings. By the end of the third week the appetite is much improved; she sleeps well, and there is no pruritis; intra-uterine temperature  $99.2^{\circ}$ . From this time forward her strength rapidly increases, and she is disturbed only by a recurrence of old, half-forgotten pains and aches which this treatment will often produce; but they subside under the induced current of the battery. On March 9, 1872, she rode seven miles in an open wagon, over a rough country road, on a bitter cold day, with but slight suffering. A few days later, she passed over the same road, driving the horse herself. The uterine enlargement is less, and a marked change in the nutrition of the organ is apparent.

July 26th.—The uterus is much smaller, less hard, and sustains considerable pressure without pain; cervix well defined, and os narrower; prolapse unchanged; the discharge, which for a time has been excessive, is now much less.

June 27, 1873.—Since last date treatment has been very irregular, often but once in two weeks; yet her rapid progress was interrupted only by a severe attack of otitis interna. The discharge has ceased; the uterus is restored to its normal size, position, and temperature, and the vagina is contracted as firmly as though she had never been a



mother. For some time past the three labial abscesses have threatened, but only one matured. The parts are not so hard, and a slight muco-purulent discharge is established.

Dec. 4th.—She is stronger, and walks or rides out daily; mental condition better; appetite fair, constipation less persistent, and sleep refreshing. The discharge has increased rapidly, becoming purely ichorous, of insufferable stench, blistering the parts and corroding the dressings. A second abscess developed after another attack of peritonitis (confined to pelvic viscera), caused by exposure. All the parts are much softer; less adhesion anteriorly and laterally. The cervix now yields to forcible dilatation, revealing a cluster of hydatids, which appears to fill the uterine cavity. These were slowly detached and completely expelled (but *only* during or after *coitus*) in two months.

Sept. 10, 1871.—The discharge is now thick pus, not fetid nor corrosive, but exceeds in quantity anything I have ever witnessed. She is cheerful; appetite good; bowels regular; no pain nor adenitis attend catamenia. All adherent surfaces have parted, letting the uterus drop suddenly to the floor of the pelvis.

April 28, 1872.—The uterus slowly ascended, and has maintained its normal position for some time. No sign of local disease remains except the discharge, which continues at intervals, and some enlargement of the left vulvo-vaginal gland. Her memory is excellent, and she looks ten years younger. Being anxious to leave the city, she is discharged—not cured, yet strong and active.

With only four weeks' treatment since that time, now ten years, Mrs. S. has enjoyed better health than she had ever before known.

II. Dec. 8, 1871.—Mrs. McC., aged 55, bilious-lymphatic temperament, has been confined to bed and easy-chair from the birth of her last child, just twenty-seven years ago, since which time the uterus has not been reduced to its original dimensions. She complains chiefly of extreme weakness and cold, "like the chill of death," as she describes it, and for the past twelve years since the catamenia ceased, has not for a moment felt the sensation of comfortable warmth; unable to stand without help; the lady has been attending to her household duties, often from daylight until dark. Discharged cured.

Up to this date she continues well, is constantly occupied, and has received but four prescriptions during the past nine years.—*Medical Truth.*